



## AIMBI Membership Application Form

Please email the completed two-paged form with your CV & qualifications to the AIMBI Membership Officer.

### Membership Level

*(please circle level)*

Practising Professional  
*(Full member)*

Practising Professional  
*(Remote member)*

Affiliate  
*(Full member)*

Affiliate  
*(Remote member)*

Student

Corporate

### Classification

*(please circle class)*

Art

Audio – Visual

Design / Graphics

Management

Photography

Video

## GENERAL INFORMATION

Surname	
First Name	
Business Address	
Postcode	
Telephone	
Fax	
Email	

## QUALIFICATIONS

Details of professionally  
relevant qualifications  
*(please supply copies of  
certificates)*

Details of Membership  
of other professional  
bodies and awards or  
honors *(please supply  
current Curriculum Vitae)*



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### EMPLOYMENT

Present Position Title			
Employer			
Time in Position			
Details of previous related professional employment	Employer	Title	Duration

### DECLARATION

I hereby apply for membership of the Australian Institute of Medical and Biological Illustration (AIMBI) and agree to abide by the AIMBI constitution and by-laws. All statements made in the membership application and supporting documentation (i.e. Curriculum Vitae) are true statement of fact.

I have paid my application fee of **\$25.00** via the online AIMBI try-booking website. This National joining/application fee, will be refunded if the application is unsuccessful.

Signature of applicant .....

Date .....

Successful applicants will receive a letter requesting an Annual Subscription fee.

Please return your application to AIMBI Membership Officer: John Yeats  
[john@johnyeats.com](mailto:john@johnyeats.com)

### OFFICE USE ONLY

Date Received	Fee Received	NC Approved	Applicant Informed
Member Number	Certificate Issued	Local Group	